

Maryland Department of Human Resources Office of Licensing and Monitoring 311 W. Saratoga Štreet **Baltimore, Maryland 21201**

Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Tuttie's Place, Inc.

Licensing Agency: Contracting Agency(s): DHR, DJS

Program Administrator: Brenda Boyd **Certification #** A000047 **Exp. Date:** 12/31/17

Type of Inspection: Periodic

Site Name	Gender	Age Range	License Capacity	DHR Contract Limit	License#/ Exp. date	Date of site Inspection
Belleville	Male	14-17	5	5	#00330	N/A
					7/15/18	
Marnon	Male	16-20	9	9	#00137	5/17/17
					7/15/18	

Inspection Summary

Number of Records Reviewed:	Youth	0	Staff	2
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Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: Not Approved

Current COMAR Violation: Yes X No ____

If Yes, list Cited Violation(s) below:

Violation(s)	Findings		
14.31.06.05 F (1)	2 of 2 personnel records reviewed were missing training documentation		
14.31.06.06 B (2)	1 of 2 personnel records reviewed was missing proof of education		
14.31.06.05 G (3)	2 of 2 personnel records reviewed were missing documentation of behavior intervention training		
14.31.06.05 E (1) (c)	1 of 2 personnel records reviewed was missing documentation of a medical examination		
14.31.06.05 E (1) (i)	2 of 2 personnel records reviewed were missing CPR certification		
14.31.06.05 F (3) (c)	2 of 2 personnel records reviewed were missing First Aid certification		
14.31.06.05 E (1) (j)	1 of 2 personnel records reviewed was missing documentation of an annual performance evaluation		
14.31.06.07 A (2)	Physical plant not constructed and equipped in a manner consistent with the needs of the children,		
	staff and visitors		
14.31.06.07 C (1)	Physical plant had cracked steps, missing railing rungs, and uncovered wall outlets		
14.31.06.07 E (4) (5)	Physical plant had walls that need sanding and/or painting		
14.31.06.07 G (1)	Bathroom had mold spots on ceiling, damaged floor tiles and rusted radiator cover		
14.31.06.07 I	Had many chairs with torn upholstery. Also had broken dressers.		
14.31.06.07 J (2-4)	Had windows with missing screens; many window blinds with draw cord longer than allowed		

Corrective Action Plan	Yes X No	If yes, date of CAP:
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Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ NA \underline{X} _

If Yes See Report(s) Date(s):

Complaint Outcome: Founded

Current Status of License: Moratorium

Licensing

Coordinator: Roxanne Epps Date: Email: Roxanne.epps@maryland.gov

Program Manager: Andre Thomas Date Email: andre.thomas@maryland.gov